

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 25 AM 8:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F01000000370 1. Entity Name ADECCO MC, INC.					
Principal Place of Business 175 BROAD HOLLOW ROAD MELVILLE, NY 11747			Mailing Address 175 BROAD HOLLOW ROAD MELVILLE, NY 11747		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 175 Broad Hollow Rd Suite, Apt. #, etc. Tax Dept City & State Melville NY Zip Country 11747 U.S.A.			
<input type="checkbox"/> CHECK HERE IF MAKING CHANGES					
4. FEI Number 94-3289210				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POND-HEIDE, DEBBIE 175 BROAD HOLLOW ROAD MELVILLE, NY 11747	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO EATON, MARK R 175 BROAD HOLLOW ROAD MELVILLE, NY 11747	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIPPA, MAUREEN M 175 BROAD HOLLOW ROAD MELVILLE, NY 11747	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMALHEISER, HARVEY 175 BROAD HOLLOW ROAD MELVILLE, NY 11747	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WASHINGTON, JYRL 175 BROAD HOLLOW ROAD MELVILLE, NY 11747	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KARABELAS, DIANA R 175 BROAD HOLLOW ROAD MELVILLE, NY 11747	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100021084611 06/23/03--01100--006 **550.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	vacant				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ Harvey Smalheiser 6/19/03					

CR2E034 (10/02)

7/6/24